			DESI	en v en		ILE CC	P	<i>i</i> _		19	1977	7, 4f82
PATENT-APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 Application or Bocket Number 503 40 - // 0												ber
		CLAIMS AS	(Column		MALL EI	YIIIY	OR	OTHER SWALL				
TOTAL CLAIMS			15		(Column 2)		F	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	370.00	OB	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			15 minus 20=		• &			X\$ 9=		OR		
INDEPENDENT CLAIMS			4 minus 3 =		• , .			X42=			X84=	ca i.
MULTIPLE DEPENDENT CLAIM P			RESENT				` 			OR		84
• #	the difference	in column 1 is	rd. eate	*0" in c	olump 2	L	+140=		OR	+280=		
* If the difference in column 1 is less than zerd, enter 70" in column 2 CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	824
(Column 1) (Column 2) (Column 3)									ENTITY	OR	OTHER SMALL E	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 15.	Minus	-0	90.	a		X\$ 9=		OR	X\$18=	
	Independent • H Minus ==					= /		X42=		OR	X84= /	/
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	/-	OR	+280#	
	7/4/05						L	TOTAL DOIT, FEE	<i>y</i>		BOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)											
AMENDMENT B		REMAINING AFTER AMENDMENT			BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. /5	Minus	/	<i>b</i>	- /		X\$ 9=	,	OR	X\$18=	,
	Independent	• 7	Minus	***	4	= /		X42=	7	OR	X84=	7
L	FIRST PRESE	NTATION OF M	JUTIPLE DEP	ENDEN	CLAIM	Ц		+140=	1	OR	+280=	1
							L	. TOTAL		OR	TOTAL	
		(Column 1)		(Colui	mn 2)	(Column 3)	Al	DDIT. FEE			addit. Fee	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		a		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		5 .		X42=				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	A46=	· ·	OR	X84=	-
								+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the entry in column 1 is less than 1.										OR	TOTAL ADDIT, FEE	
	ii une "Highest Nur The "Highest Nurr	mber Previously Pa ber Previously Pa	ator For (Total or	independ	is less tha ent) is the	n 3, enter "3." highest numbe		_	propriate bo			